AODA Encounter Reporting 3.0 --- Data Dictionary View (HEADER)

This document describes the various data elements contained in the encounter record you will extract and send to the State. The description includes things like data element name, length and data type. In addition, there is a brief definition of the data element as well as some of the validation rules Encounter Reporting will use to verify the data you send us. It's primarily intended as a technical document to assist the MCO IT personnel in creating an extract from your claims history data.

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	ID#	Error Cat.
Begin Posting Date	10 Fixed	D (CCYY-MM-DD)	Y	None	H003	H
Data Element Description:	The beginning process date used to extract encounter records for the submission.					
Validation Rules:	Valid date format, valid month and valid day for that month. Must be equal to the first day of the posting month. Must be less than or equal to the current date.					
End Posting Date	10 Fixed	D (CCYY-MM-DD)	Y	None	H004	H
Data Element Description:	The ending process date used to extract encounter records for the submission.					
Validation Rules:	Valid date format, valid month and valid day for that month. Must be equal to the last day of the posting month. Must be less the same year and month of the begin posting date.					
AODA: Submission Type	10 Max.	A (9999999999)	Y	TEST	H006	H
Data Element Description:	The submission type must be Production.					
Validation Rules:	Must be Production. This value is not case sensitive.					
Number of Records Transmitted	8 Max.	N (99999999)	Y	None	H005	H
Data Element Description:	The number of detail records that are contained within the submission. Used in the File Transfer System.					
Validation Rules:	Number of Records Transmitted must be equal to the number of detail records in a submission.					

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	ID#	Error Cat.
Submission Date	10 Fixed	D (CCYY-MM-DD)	Y	None	H002	H
Data Element Description:	The date the submission was generated at the Submitting Organization . Used for file transfer.					
Validation Rules:	Valid date format, valid month and valid day for that month. Must be greater than or equal to the header posting end dates. Must be less than or equal to the current date.					
Submitter Organization ID	8 Fixed	N (00000000)	Y	None	H001	H
Data Element Description:	Eight digit certified Medicaid provider number assigned to the Submitting Organization.					
Validation Rules:	Must exist in the Submitter Organization ID Header lookup table.					

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Adjustment Type	1 Fixed	A (0)	S	None	NA	D009	A
Data Element Description:	The type of adjustment. Only applicable for transactions that are adjusting a former Encounter transaction. These may be assigned by the MCO for credit/debit Encounter Transactions. R = A transaction that is the credit to reverse the adjusted transaction. N = A transaction that is the debit to replace the adjusted transaction.						
Validation Rules:	Required if Record Type is C.						
Adjustment Type Detail	3 Max.	A (000)	S	None	NA	D010	A
Data Element Description:	Specifies the type of adjustment. FC = An adjustment that fully reverses the adjusted transaction. PC = An adjustment that partially reverses the adjusted transaction. NC = An adjustment that has no financial affect, but changes demographic or other statistical data.						
Validation Rules:	The adjusted transaction code must = FC or PC or NC.						
Age at First Use Primary	2 Fixed	N (00)	S	None	NA	D300	S
Data Element Description:	Age of first drug use or alcohol intoxication for substance abuse problem for primary problem.						
Validation Rules:	None.						
Age at First Use Secondary	2 Fixed	N (00)	S	None	NA	D301	S
Data Element Description:	Age of first drug use or alcohol intoxication for substance abuse problem for secondary problem. Only optional if corresponding Substance Problem = '01' (none) or is null.						
Validation Rules:	Must be less than or equal to the current age of the client computed by subtracting the client's birth date from the current date.						
Age at First Use Tertiary	2 Fixed	N (00)	S	None	NA	D302	S
Data Element Description:	Age of first drug use or alcohol intoxication for substance abuse problem for tertiary problem. Only optional if corresponding Substance Problem = '01' (none) or is null.						
Validation Rules:	Must be less than or equal to the current age of the client computed by subtracting the client's birth date from the current date.						

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Brief Service	1 Fixed	A (0)	Y	None	NA	D303	S
Data Element Description:	Brief Service. Used to reduce reporting burden for relatively brief services.						
Validation Rules:	None.						
Characteristics1	2 Fixed	N (00)	Y	None	NA	D202	M
Data Element Description:	Describes the client/consumer according to selected personal, social, and demographic factors that are of interest to the agency.						
Validation Rules:	None.						
Characteristics2	2 Fixed	N (00)	N	None	NA	D203	M
Data Element Description:	Describes the client/consumer according to selected personal, social, and demographic factors that are of interest to the agency.						
Validation Rules:	None.						
Characteristics3	2 Fixed	N (00)	N	None	NA	D204	M
Data Element Description:	Describes the client/consumer according to selected personal, social, and demographic factors that are of interest to the agency.						
Validation Rules:	None.						
City	52 Max	AN	Y	None	NA	D206	M
Data Element Description:	City of Residence.						
Validation Rules:	None.						

AODA Encounter Reporting 3.0 --- Data Dictionary View (DETAIL)

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Close Status A	1 Fixed	N (0)	S	None	NA	D304	S
Data Element Description:	The client's AODA (A) status at the time the client was discharged from treatment for clients who have completed service codes 01-03 in SPC End Reason.						
Validation Rules:	Required for Aoda Treatment SPCs except for 703 Detox, 705 Intoxication Monitoring, 603 Intake Assessment, and Brief Services. Required for clients who were discharged from treatment who have completed service codes 01-03 in SPC End Reason. If any Closing Status (A,F,E,AR,LA) is entered, then they all must be entered.						
Close Status AR	2 Max.	N (00)	S	None	NA	D308	S
Data Element Description:	The client's Number of Arrests (AR) at the time the client was discharged from treatment (last contact) for clients who have completed service codes 01-03 in SPC End Reason.						
Validation Rules:	Required for Aoda Treatment SPCs except for 703 Detox, 705 Intoxication Monitoring, 603 Intake Assessment, and Brief Services. Required for clients who were discharged from treatment who have completed service codes 01-03 in SPC End Reason. If any Closing Status (A,F,E,AR,LA) is entered, then they all must be entered.						
Close Status E	1 Fixed	N (0)	S	None	NA	D305	S
Data Element Description:	The client's Employment (E) status at the time the client was discharged from treatment for clients who have completed service codes 01-03 in SPC End Reason.						
Validation Rules:	Required for Aoda Treatment SPCs except for 703 Detox, 705 Intoxication Monitoring, 603 Intake Assessment, and Brief Services. Required for clients who were discharged from treatment who have completed service codes 01-03 in SPC End Reason. If any Closing Status (A,F,E,AR,LA) is entered, then they all must be entered.						
Close Status F	1 Fixed	N (0)	S	None	NA	D306	S
Data Element Description:	The client's Family (F) status at the time the client was discharged from treatment for clients who have completed service codes 01-03 in SPC End Reason.						
Validation Rules:	Required for Aoda Treatment SPCs except for 703 Detox, 705 Intoxication Monitoring, 603 Intake Assessment, and Brief Services. Required for clients who were discharged from treatment who have completed service codes 01-03 in SPC End Reason. If any Closing Status (A,F,E,AR,LA) is entered, then they all must be entered.						
Close Status LA	2 Fixed	N (00)	S	None	NA	D309	S
Data Element Description:	The client's Living Arrangement (LA) at the time the client was discharged from treatment (last contact) for clients who have completed service codes 01-03 in SPC End Reason. If any Closing Status (A,F,E,AR,LA) is entered, then they all must be entered.						
Validation Rules:	Required for Aoda Treatment SPCs except for 703 Detox, 705 Intoxication Monitoring, 603 Intake Assessment, and Brief Services. Required for clients who were discharged from treatment who have completed service codes 01-03 in SPC End Reason. If any Closing Status (A,F,E,AR,LA) is entered, then they all must be entered.						

AODA Encounter Reporting 3.0 --- Data Dictionary View (DETAIL)

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Co Dependent Collateral	1 Fixed	A (0)	Y	None	NA	D307	M
Data Element Description:	A codependent/collateral is a person who: Is seeking their own services due to problems arising from his/her relationship with an alcohol or drug abuser. Has no current alcohol/drug abuse or dependency problem of their own						
Validation Rules:	The Co Dependent Collateral code must = Y or N.						
County Code	3 Fixed	N (000)	Y	None	NA	D210	M
Data Element Description:	County Code.						
Validation Rules:	The County Code must be provided when the Client ID exist...						
Diagnosis Code Principal	30 Max.	ANDot	N	None	Principal Diagnosis (AN, L=30)	D075	S
Data Element Description:	The current diagnosis of the client/consumer's condition per DSM IV or ICD9. The full ICD code describing the diagnosis code principal (i.e., The condition established after study to be chiefly responsible for causing the admission or health care episode). The Diagnosis Code Principal found on the Encounter. (e.g., 26 digits+decimal+3 digits)						
Validation Rules:	Must exist in the Diagnosis Code lookup table. Must only provide the Diagnosis Code Principal. Must be NULL for Membershare. Diagnosis Code Principal and additional diagnosis codes must be supplied sequentially without gaps. Service Date From and To must be between the Diagnosis Code begin and end dates for the Diagnosis Code to be valid for this record.						
Education at Time of Admission	2 Fixed	N (00)	S	None	NA	D310	S
Data Element Description:	The highest grade completed. Purpose is to identify extent of education for use in modifying reading/intelligence level of materials, films, pamphlets, etc.; identifying need for vocational components within treatment programs; compare with general population.						
Validation Rules:	None.						
Employment Status	1 Fixed	N (0)	S	None	NA	D311	S
Data Element Description:	The current employment status. Used to identify financial resources of client groups; assess employment status for vocational service needs.						
Validation Rules:	None.						
Episode End Date	10 Fixed	D (CCYY-MM-DD)	S	None	NA	D227	S

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Data Element Description:	Date to be entered when an episode is completed.						
Validation Rules:	None.						
Episode Review Due Date	10 Fixed	D (CCYY-MM-DD)	S	None	NA	D228	S
Data Element Description:	Date to be entered when an episode is reviewed.						
Validation Rules:	None.						
Episode Start Date	10 Fixed	D (CCYY-MM-DD)	S	None	NA	D229	S
Data Element Description:	Date to be entered when an episode begins.						
Validation Rules:	None.						
Family ID	7 Max.	AN (9999990)	I	None	NA	D230	S
Data Element Description:	An agency assigned number that will link family members together. (e.g., 6 digits+1 character A)						
Validation Rules:	None.						
Family Relationship	1 Fixed	N (0)	S	None	NA	D312	S
Data Element Description:	The client's marital, family, interpersonal relationships, or support system (whichever is most applicable to the client) status at time of admission in terms of the frequency and quality of contact. The Family Relationship is an overall assessment of the living situation.						
Validation Rules:	None.						

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Gender	1 Fixed	A (0)	Y	None	NA	D235	M
Data Element Description:	Client/consumer's gender. Used to prepare reports cross tabulated by sex in order to determine relationships/differences; to determine if males and females are being reached in proportion to their representation in the general population.						
Validation Rules:	The Gender code must = F or M when the Client ID is not entered. (e.g., The Client ID is computer generated when name, birthdate, and sex have not been entered.)						
Hispanic Latino	1 Fixed	A (0)	Y	None	NA	D239	M
Data Element Description:	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.						
Validation Rules:	The Hispanic Latino code must = Y or N.						
MA Number	10 Fixed	N (0000000000)	I	None	NA	D240	M
Data Element Description:	The Medical Assistance Identification number (10 digits) or Social Security number (9 digits) which has been assigned to this client.						
Validation Rules:	None.						
NPI	10 Fixed	N (9999999999)	S	None	NA	D273	S
Data Element Description:	National Provider Identifier. Required for medical services. *(Federal Mandate beginning 05/23/2007)*						
Validation Rules:	When NPI is required, it must be provided.						
Original ID	80 Max.	ANPlus	Y	None	NA	D006	A
Data Element Description:	The Record ID of the Original record for which all subsequent adjustments were made.						
Validation Rules:	Must not exist for the Organization in the Record ID lookup table detail.						

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Parent Record ID	80 Max.	ANPlus	S	None	NA	D005	A
Data Element Description:	The Record ID of the record being adjusted. This field is used only when adjusting an existing encounter record. In a credit/debit adjustment both the credit and debit transactions will reference the same transaction Record ID being adjusted.						
Validation Rules:	None.						
Posting Date	10 Fixed	D (CCYY-MM-DD)	Y	None	NA	D059	R
Data Element Description:	The date the claim was finalized.						
Validation Rules:	For paid claims it is the check date. For denied claims, it is the EOB or notification date. For adjustments it is the posting date.						
Pregnant at Time of Admission	1 Fixed	A (0)	S	None	NA	D313	M
Data Element Description:	Pregnant at time of admission.						
Validation Rules:	The Pregnant at Time of Admission code must = Y or N.						
Provider Number	10 Fixed	AN (0000000000)	Y	None	NA	D245	S
Data Element Description:	The number assigned to identify the agency, facility, or person that is delivering the SPC or cluster to the Client.						
Validation Rules:	None.						
Quantity	18 Max.	N (99999999999999.999)	Y	None	Service Unit Count (AN, L=15)	D052	S
Data Element Description:	The quantitative measure of service rendered according to the service (the detail not summary). The number of units of service the provider delivered to the client in a specific SPC during the month being reported. The unit measurement corresponds to the unit for the specific SPC; e.g., Respite Care = Hours. (e.g., 14 digits+decimal+3 digits)						
Validation Rules:	None.						

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Race Code1	1 Fixed	A (0)	Y	None	NA	D247	M
Data Element Description:	The race of the client/consumer as determined by the client/consumer. Used to prepare reports cross tabulated by race in order to determine relationships/differences, and to determine if various minority groups are being reached in proportion to their race.						
Validation Rules:	None.						
Race Code2	1 Fixed	A (0)	I	None	NA	D248	M
Data Element Description:	The race of the client/consumer as determined by the client/consumer. Used to prepare reports cross tabulated by race in order to determine relationships/differences, and to determine if various minority groups are being reached in proportion to their race.						
Validation Rules:	None.						
Race Code3	1 Fixed	A (0)	I	None	NA	D249	M
Data Element Description:	The race of the client/consumer as determined by the client/consumer. Used to prepare reports cross tabulated by race in order to determine relationships/differences, and to determine if various minority groups are being reached in proportion to their race.						
Validation Rules:	None.						
Race Code4	1 Fixed	A (0)	I	None	NA	D250	M
Data Element Description:	The race of the client/consumer as determined by the client/consumer. Used to prepare reports cross tabulated by race in order to determine relationships/differences, and to determine if various minority groups are being reached in proportion to their race.						
Validation Rules:	None.						
Race Code5	1 Fixed	A (0)	I	None	NA	D251	M
Data Element Description:	The race of the client/consumer as determined by the client/consumer. Used to prepare reports cross tabulated by race in order to determine relationships/differences, and to determine if various minority groups are being reached in proportion to their race.						
Validation Rules:	None.						

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Recipient Birth Date	10 Fixed	D (CCYY-MM-DD)	Y	None	Birth Date (AN, L=10)	D071	M
Data Element Description:	Birthdate of the client/consumer. Used to calculate the client's age for preparation of reports and to determine if various age groups are being reached in similar proportions to the general population.						
Validation Rules:	When provided, it must be less than or equal to the Episode Start Date; birth date plus 150 years must be greater than or equal the Episode End Date; if the recipient is MA eligible then this birth date must equal the birth date found in the MMIS Eligibility lookup table.						
Recipient First Name	25 Max.	A	Y	None	Patient First Name (AN, L=25)	D032	M
Data Element Description:	Legal first name of the client /consumer.						
Validation Rules:	Required if Client ID is not entered.						
Recipient ID	10 Fixed	N (0000000000)	Y	None	Patient's Primary Identification Number (N, L=10)	D030	M
Data Element Description:	Recipient unique identifier. MCI will be used to populate this field.						
Validation Rules:	Recipient's ten-digit Medicaid identification number with no dashs. Must exist in the master lookup table.						
Recipient Last Name	35 Max.	A	Y	None	Patient Last Name (AN, L=35)	D031	M
Data Element Description:	Full legal Recipient Last Name.						
Validation Rules:	Required if the Client ID is not entered.						
Recipient Middle Name	25 Max.	A	I	None	NA	D033	M
Data Element Description:	Full Recipient Middle Name.						
Validation Rules:	None.						

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Recipient Suffix Name	10 Max.	ANPlus	I	None	NA	D252	M
Data Element Description:	Full Recipient Suffix Name.						
Validation Rules:	None.						
Record ID	80 Max.	ANPlus	Y	None	NA	D004	R
Data Element Description:	Unique ID assigned by the Submitting Organization to uniquely identify the record within their organization. This ID is unique to every transaction submitted.						
Validation Rules:	Must not exist for the Organization in the Record ID lookup table detail.						
Record Type	1 Fixed	A (0)	Y	None	NA	D008	R
Data Element Description:	The type of Encounter Transaction. O = An unadjusted transaction. C = Adjusting entries that usually come in pairs. The Credit is to reverse the actual transaction being adjusted and the Debit is to replace the transaction being adjusted.						
Validation Rules:	Encounter transaction must be O or C.						
Referral Source	2 Fixed	N (00)	Y	None	NA	D253	S
Data Element Description:	The individual or agency that referred the client/consumer for services.						
Validation Rules:	None.						
Registration Arrests	2 Max.	N (99)	S	None	NA	D314	S
Data Element Description:	The number of arrests during the 30 days prior to the start of the episode. If the client came from a controlled setting (e.g., jail, hospital, residential program, etc.), use the 30 day period prior to entry into the controlled setting.						
Validation Rules:	None.						

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Registration Living Situation	2 Fixed	N (00)	S	None	NA	D315	S
Data Element Description:	The living arrangement prior to the start of the episode. It specifies whether the client is homeless, living with parents, in a supervised setting, or on their own. Used to describe the living situation when entering treatment.						
Validation Rules:	None.						
Social Security Number	9 Fixed	N (000000000)	I	None	NA	D255	M
Data Element Description:	Clients' Social Security Number (9 digits) which has been assigned to this client.						
Validation Rules:	None.						
SPC	6 Fixed	ANDot (999.99)	Y	None	NA	D074	S
Data Element Description:	The specific service (SPC) provided to the client or consumer. The program category/cluster provided to the client. It is a 3-digit SPC code (program number) and the decimal+2-digit subprogram code if applicable.						
Validation Rules:	Must exist in the SPC lookup table. The Episode Start Date and Episode End Date must be between the SPC Begin and End Dates for the SPC to be valid for this record.						
SPC Delivery Year Month	7 Fixed	AN (CCYY-MM)	Y	None	NA	D257	S
Data Element Description:	The month and full year during which units of an SPC were delivered.						
Validation Rules:	None.						
SPC End Date	10 Fixed	D (CCYY-MM-DD)	S	0000-00-00	NA	D258	S
Data Element Description:	The date on which service in this SPC ended. FSP: The date Family Support funding for services ceased for the subprogram.						
Validation Rules:	Must be a valid date format, i.e., a valid year, month and day for that month.						

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
SPC End Reason	2 Fixed	N (00)	S	None	NA	D259	S
Data Element Description:	The reason the client was discharged from the service.						
Validation Rules:	None.						
SPC Review Due Year Month	6 Fixed	AN (CCYY-MM)	N	None	NA	D260	S
Data Element Description:	The date when the next SPC review is due to take place.						
Validation Rules:	None.						
SPC Start Date	10 Fixed	D (CCYY-MM-DD)	Y	None	NA	D261	S
Data Element Description:	The date on which service in this SPC started.						
Validation Rules:	Must be a valid date format. i.e., A valid year, month and day for that month. Must be less than or equal to the last day of the posting month.						
Special Project Reporting	22 Max.	AN	N	None	NA	D316	S
Data Element Description:	The alphanumeric codes designated for this field identify special projects defined by the Bureau of Mental Health and Substance Abuse Services.						
Validation Rules:	None.						
State Abbreviation	2 Fixed	A (00)	Y	None	NA	D262	M
Data Element Description:	The Client's state 2 character code value.						
Validation Rules:	None.						

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Street Address1	55 Max.	ANPlus	I	None	NA	D264	M
Data Element Description:	Client's street address line 1.						
Validation Rules:	If it exists, Street Address2 must be provided.						
Street Address2	55 Max.	ANPlus	I	None	NA	D265	M
Data Element Description:	Client's street address line 2.						
Validation Rules:	If it exists, Street Address2 must be provided.						
Submitter Organization ID	8 Fixed	N (00000000)	Y	None	NA	D002	R
Data Element Description:	Eight digit certified Medicaid provider number assigned to the Submitting Organization (Reporting Unit Code).						
Validation Rules:	Must exist in the Submitter Organization ID lookup table.						
Substance Problem at Discharge	2 Fixed	N (00)	S	None	NA	D317	S
Data Element Description:	The primary substance problem at the time of discharge.						
Validation Rules:	If it exists, Substance Problem at Discharge must be provided. The code at discharge should be different from the code at admission only in the case of a change of substance.						
Substance Problem Primary	2 Fixed	N (00)	S	None	NA	D318	S
Data Element Description:	Primary substance problem.						
Validation Rules:	None.						

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Substance Problem Secondary	2 Fixed	N (00)	S	None	NA	D319	S
Data Element Description:	Secondary substance problem.						
Validation Rules:	If it exists, Substance Problem Secondary must be provided.						
Substance Problem Tertiary	2 Fixed	N (00)	S	None	NA	D320	S
Data Element Description:	Tertiary substance problem.						
Validation Rules:	If it exists, Substance Problem Tertiary must be provided.						
Target Group	2 Fixed	N (00)	Y	None	NA	D267	S
Data Element Description:	Indicates the need and/or problem that best explains the primary reason the program participant is receiving this service. Target Group describes why this service is being delivered to the program participant.						
Validation Rules:	None.						
Telephone Number	10 Fixed	N (0000000000)	I	None	NA	D268	M
Data Element Description:	Client's telephone number.						
Validation Rules:	If it exists, Telephone Number must be provided.						
Unit or Basis for Measurement Code	2 Fixed	A (00)	Y	None	Unit or Basis for Measurement Code (AN, L=2)	D053	S
Data Element Description:	Describes what format the Quantity field is in. MJ (minutes), HR (hours), Days (DA), Weeks (WK), Years (YR), Quarter (Q1), International Units (F2), UN (unit), and Miles (DH).						
Validation Rules:	Must be present for Encounter Transactions. Must be NULL for Member share transactions.						

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Use Frequency Primary	1 Fixed	N (0)	S	None	NA	D322	M
Data Element Description:	How often the substance is used during the 30 days prior to the start of the episode.						
Validation Rules:	If it exists, Use Frequency Primary must be provided.						
Use Frequency Secondary	1 Fixed	N (0)	S	None	NA	D322	M
Data Element Description:	How often the substance is used during the 30 days prior to the start of the episode for secondary substance problem reported.						
Validation Rules:	If it exists, Use Frequency Secondary must be provided.						
Use Frequency Tertiary	1 Fixed	N (0)	S	None	NA	D323	M
Data Element Description:	How often the substance is used during the 30 days prior to the start of the episode.						
Validation Rules:	If it exists, Use Frequency Tertiary must be provided.						
Usual Administration Primary	1 Fixed	N (0)	S	None	NA	D324	M
Data Element Description:	How the substance is taken into the body.						
Validation Rules:	Must be present for Encounter Transactions. Must be NULL for Member share transactions.						
Usual Administration Secondary	1 Fixed	N (0)	S	None	NA	D325	M
Data Element Description:	How the substance is taken into the body for secondary substance abuse problem reported.						
Validation Rules:	If it exists, Usual Administration Secondary must be provided.						

AODA Encounter Reporting 3.0 --- Data Dictionary View (DETAIL)

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Usual Administration Tertiary	1 Fixed	N (0)	S	None	NA	D326	M
Data Element Description:	How the substance is taken into the body for tertiary substance abuse problem reported.						
Validation Rules:	If it exists, Usual Administration Tertiary must be provided.						
Worker ID	10 Fixed	N (0000000000)	S	None	NA	D271	R
Data Element Description:	The primary worker assigned to the client, or the person designated by the agency as having overall responsibility for the client or case. This is the person who will get information back about the client if any is requested. (Optionally, Provider ID's is accepted.)						
Validation Rules:	None.						
Zip Code	9 Max.	N (000000000)	I	None	NA	D272	M
Data Element Description:	Client's Zip Code.						
Validation Rules:	None.						

Format	Information Regarding Data Type
AN	Alpha numeric
ANPlus	Alpha numeric + special characters
ANDot	Alpha numeric + decimal
A	Alpha
N	Numeric
D	Date

Length	Information Regarding Fields
(000)	fixed length
(999)	variable length

Required	Information Regarding Fields
Y	Yes, Data is required in this field for Original or Change New transactions.
I	No, Data is not required in this field.
S	Situational, Data is required in this field only when certain other criterion(s) is met.

Please note, the DD does not specify the severity of the edit. In most cases, it makes sen:
Severity to Batch Accept or Batch Reject. But, for business reasons, it may have been set

Validation Rules Information Regarding Data Element Descriptions

This information is limited to the business rule decisions. We do not go into parser validations, or data

Error Category Information

A	Adjustment attribute
H	Header Attribute
M	Member (recipient) identification attribute
P	Provider identification attribute
R	Record attribute
S	Service Attribute

CHANGE LOG

Date	Changes	Changed By	Remarks/Reason
9/15/2005	This first draft AODA Data Dictionary document, which is implemented as the base-lined, will continue to be documented into the change log with all client updated AODA DD Elements: The most recent Data Definitions (Encounter XML Data Elements) were received 09/13/2007 from Charles Rumberger, has been entered in as the DDs Header and Detail informational data elements and alphabetically sorted.	Ramona Johnson	One time document baselining. Analysis: The required MH DD entered and data elements sorted 09/15/2007.
12/12/2007	AODA data element revisions: A006A Original ID changed to a mandatory alphanumeric field with a maximum length of 80 characters must be provided. Edit D006E changed in functionality, description, message and severity. The new functionality checks for record types 'O and C' with an adjustment type of N. This edit will not apply to reversal records. And the value must be supplied not derived.	Ramona Johnson	FC, WPP & SSI AODA, MH Parser and Content Edit: Original ID D006A & E will be a required field beginning 2008 posting dates. Refer to Bug 2317.
2/8/2008	Data_Element_Validation AODA update received 02/01/2008, from Joyce Rounds.	Ramona Johnson	AODA Data Element Rule Descriptions update.